

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 12, 2005 8:00 am
Secretary of State

07-14-2005 90018 003 ****55.00

DOCUMENT # L04000002918 1. Entity Name PHOTOGRAPHY BY HOPE, LLC																													
Principal Place of Business 5215 SAN JOSE BLVD. #104 JACKSONVILLE, FL 32207			Mailing Address 5215 SAN JOSE BLVD. #104 JACKSONVILLE, FL 32207																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
6. Name and Address of Current Registered Agent APPLEBY, HOMER P 621 NW 53RD STREET SUITE 240 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name <u>Hope L. Kinchen</u> Street Address (P.O. Box Number is Not Acceptable) <u>5215 San Jose Blvd. #104</u> <u>JACKSONVILLE, FL 32207</u> City <u>^</u> State <u>FL</u> Zip Code <u>32207</u>																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Hope L. Kinchen</u> <u>Hope L. Kinchen</u> <u>7-10-05</u> <small>Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%; padding: 2px;"> <u>President/owner</u> <input type="checkbox"/> Delete <u>Hope L. Kinchen</u> <u>5215 San Jose Blvd. #104</u> <u>Jacksonville, FL 32207</u> </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President/owner</u> <input type="checkbox"/> Delete <u>Hope L. Kinchen</u> <u>5215 San Jose Blvd. #104</u> <u>Jacksonville, FL 32207</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td><td style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 806, Florida Statutes. SIGNATURE: <u>Hope L. Kinchen</u> <u>Hope L. Kinchen</u> <u>7-10-05</u> <u>904-891-5811</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													

30010634



05182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-2861642 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

**ATTACHMENT**
Division of Corporations

300/0034

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Document Number

L04000002918

Business Entity Name

PHOTOGRAPHY BY HOPE, LLC

FEI Number

20-2861642

FEI Number Status

☒ Applied For ☐ Not Applicable ☒ CurrentCertificate of Status Desired ☒ Yes ☐ No \$5.00 each**Principal Place of Business**

Address

5215 SAN JOSE BLVD. #104

Suite, Apt. #, etc.

City, State

JACKSONVILLE

, FL

Zip Code & Country

32207

Mailing Address

Address

5215 SAN JOSE BLVD. #104

Suite, Apt. #, etc.

City, State

JACKSONVILLE

, FL

Zip Code & Country

32207

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

APPLEBY

HOMER

, F

-or- RA Business Name

Address (PO Box is not acceptable)

521 NW 53RD STREET

Suite, Apt. #, etc.

SUITE 240

City, State

BOCA RATON

, FL

Zip Code & Country

33487

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

Hope L. Kitcher

ATTACHMENT 300-10034 • <https://efile.sunbiz.org/scripts/ubr001.exe>
FL04 000002918

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Managing Member/Manager Name And Address

Title	owner
Name (Last, First, Middle, Title)	KINCHEN HOPE owner
-or- Entity Name	
Street Address	5215 San Jose Blvd. #104
City, State	Jacksonville, FL
Zip Code & Country	32207 USA
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	
Street Address	
City, State	
Zip Code & Country	
Title	
Name (Last, First, Middle, Title)	
-or- Entity Name	

ATTACHMENT

30010634

https://efile.sunbiz.org/scripts/ubr001.exe

104000002918

Street Address

City, State

Zip Code & Country

[Redacted Address Fields]

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Managing Member/Manager Signature' block below. A business entity name is not allowed in this block.

Title

owner

Managing Member/Manager Signature

Hope L. Linchen

The individual "signing" this document affirms that the facts stated herein are true.

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